

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

600392

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			* IND. DEP.		* IND. DEP.			* IND. DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.		IND.	DEP.
1	/						51		/					
2		/					52		/					
3		/					53		/					
4		/					54		/					
5		/					55		/					
6		/					56		/					
7		/					57		/					
8		/					58		/					
9		/					59	/						
10		/					60		/					
11		/					61		/					
12		/					62		/					
13		/					63		/					
14		/					64		/					
15		/					65		/					
16		/					66		/					
17		/					67		/					
18		/					68		/					
19		/					69		/					
20		/					70		/					
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22		/					72		/					
23		/					73		/					
24		/					74		/					
25		/					75		/					
26		/					76	/						
27		/					77	/						
28		/					78		/					
29		/					79		/					
30		/					80		/					
31		/					81		/					
32		/					82		/					
33		/					83		/					
34		/					84		/					
35		/					85		/					
36		/					86		/					
37		/					87		/					
38		/					88		/					
39		/					89		/					
40		/					90		/					
41		/					91		/					
42		/					92		/					
43		/					93		/					
44		/					94		/					
45		/					95		/					
46	/						96		/					
47		/					97		/					
48		/					98		/					
49		/					99		/					
50		/					100		/					
TOTAL IND.		6					TOTAL IND.	6						
TOTAL DEP.		77					TOTAL DEP.	77						
TOTAL CLAIMS							TOTAL CLAIMS	77						